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**North Carolina
Medicaid Pharmacy
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Change in Allowable Days Supply on Prescriptions

Effective July 1, 2001, the maximum days supply for all drugs, except birth control pills, will be changed from 100 days to a 34 days supply. Up to 100 days supply (3 packs) of birth control pills will still be allowed. The pharmacist should closely monitor the early refill alert and caution should be used when overriding this alert. Failure to comply with this requirement could result in recoupment of the prescription.

New Quantity Limitations for Oxycontin

Effective June 1, 2001, there will be a maximum of 6 tablets per day for all strengths of Oxycontin. With the new 34 days supply of drugs, this means that a maximum of 204 tablets could be dispensed each month.

Mandatory POS

It will be mandatory that all pharmacy providers submit claims on-line POS using NCPDP Version 3.2, **effective August 1, 2001**. The only exceptions from this requirement will be claims over \$1000, compounded prescriptions and claims that require diagnosis. Both batch and paper will still be acceptable for the exceptions. If the diagnosis or further explanation is required, then a manual claim form would be needed. For further details about POS, please refer to the March 30, 2001 Pharmacy Newsletter or refer to the Pharmacy Manual.

New Medicaid Identification Cards

In February 2001, new Medicaid Identification (MID) cards for Supplemental Security Income (SSI) recipients were printed on laser paper. In a continuing effort to increase efficiency and improve security, effective June 2001, these new MID cards will also be issued to most other Medicaid recipients. The new design will allow more flexibility in getting information to recipients. Also, the cards will be printed using the postal bar code, which is expected to improve delivery of the cards statewide. The cards will be printed on 8½ X 11 inch watermarked paper. The paper is a lighter weight, making it more pliable, and will be perforated allowing the recipient the ability to detach the card. However, the card is still valid if not detached. Medicaid recipients will receive notice in May 2001 and June 2001 regarding the new cards.

There is no change in the way recipients will use the cards. **On occasion, Medicaid recipients may receive cards printed on the heavier stock paper. These cards are still valid.**

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate agreements. They are listed by Manufacturer code, the first five digits of the NDC.

Additions

The following labelers have entered into drug rebate agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
00591	Watson Pharma, Inc.	3/29/2001
49580	Aaron Industries, Inc.	3/25/2001
61607	InKine Pharmaceuticals	3/06/2001
65430	Dex Gen Pharmaceuticals, Inc	3/05/2001
65880	Sirius Laboratories, Inc.	4/16/2001

DESI List Additions

<u>NDC</u>	<u>Product Name</u>	<u>Manufacturer</u>
00642-0300-30	Renax Caplets 30's	Everett Laboratories, Inc.
00642-0300-90	Renax Caplets 90's	Everett Laboratories, Inc.

MAC List Changes

Effective April 2, 2001, the following changes were made to the Medicaid Drug Federal Upper Limit List:

Deletions

Generic Name

Cephalexin

EQ 125mg Base/5ml, Powder for Reconstitution, Oral, 200
EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 100
EQ 250mg Base/5ml, Powder for Reconstitution, Oral, 200

Haloperidol

10mg, Tablet, Oral, 100

Penicillin V Potassium

EQ 250mg Base, Tablet, Oral, 100

Procainamide Hydrochloride

500mg, Tablet, Extended Release, Oral, 100

Trimethoprim

100mg, Tablet, Oral, 100

Price Changes

Acetaminophen: Codeine Phosphate

300mg; 30mg, Tablet, Oral, 100	\$0.1465
300mg; 60mg, Tablet, Oral, 100	\$0.2364

Brompheniramine Maleate; Dextromethorphan

Hydrobromide; Pseudoephedrine HCL

2mg/5ml; 10mg/5ml; 30mg/5ml, Syrup, Oral, 480	\$0.0205
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Carbidopa: Levodopa

10mg; 100mg, Tablet, Oral, 100	\$0.3645
25mg; 100mg, Tablet, Oral, 100	\$0.3915
25mg; 250mg, Tablet, Oral, 100	\$0.4657

Gramicidin; Neomycin Sulfate; Polymyxin B Sulfate

.025mg/ml; EQ 1.75mg Base/ml; 10,000 units/ml Solution/Drops, Ophth., 10ml	\$1.8525
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Isoniazid

300mg, Tablet, Oral, 100	\$0.0672
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Metoclopramide Hydrochloride

EQ 10mg Base, Tablet, Oral, 100	\$0.0435
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Nystatin

500,000 Units, Tablets, Oral, 100	\$0.4717
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Responding to DUR alerts

DUR processing begins after the claim is considered payable. Incoming drug claims are compared to the patient's pharmacy claims history files to detect potential therapeutic problems. DUR alert messages are returned to the pharmacist for problems discovered by this review. The process is as follows:

- Pharmacist receives DUR alert message(s) on computer screen; claim is rejected for DUR
- Pharmacist reviews and resolves identified DUR conflict(s) by contacting the prescriber, talking with the patient, and/or using other resources or professional judgment
- If pharmacist decides not to dispense the prescription, the pharmacist accepts the reject.
- Pharmacist does not resubmit claim and does not receive payment.
- If pharmacist decides to resolve and dispense the prescription, the pharmacist resubmits the correct claim with a DUR Conflict code, DUR Intervention code, and DUR Outcome code
- Pharmacist receives a paid response if the prescription was filled with DUR documentation.

DUR alert messages contain standardized codes and language, but may be displayed in various ways, depending on the pharmacy software in use. The **content of the DUR Alert message** includes:

Conflict Code

This two-character alphabetic code identifies the conflict between the submitted drug claim and information in the patient's history file or predetermined screening criteria.

Clinical Significance/Severity Index Code

This numeric value indicates the database-assigned significance of the conflict.
0= Not applicable, 1= Major, 2= Moderate, 3 = Minor

Other Pharmacy Indicator

This numeric value identifies the originating location of the history claim with which the submitted drug claim conflicts.
0= Not applicable, 1= Your Pharmacy, 3= Other Pharmacy

DUR Conflict Codes, Intervention and Outcome Codes

NCPDP DUR CODES

Conflict Codes from Medicaid

DD - Drug-Drug Interaction

TD - Therapeutic Duplication

ER - Overuse Precaution

LR - Underuse Precaution

DC - Drug-Disease Precaution

LD - Low Dose Alert

HD - High Dose Alert

Additional Message Text

“Drug Name with Strength” of interacting drug

“Drug Name with Strength duplicates this Rx”

“Refill is ____ days early”

“Refill is ____ days late”

“Condition contraindicates use of prescribed drug”

“Minimum dose, Maximum dose, dose unit”

“Minimum dose, Maximum dose, dose unit”

Intervention Codes from Pharmacist

- M0 - Prescriber Consulted
- P0 - Patient Consulted
- R0 - Pharmacist Consulted Other Source
- 00 - No Intervention
- Blank Not specified

Outcome Codes from Pharmacist

1A - filled, False Positive

1B - Filled Prescription as is

1C - Filled with different dose

1D - Filled with different directions

1E - Filled with different drug

1F - Filled with different quantity

1G - Filled with prescriber approval

2A - Prescription not filled

2B - Prescription not filled - directions clarified

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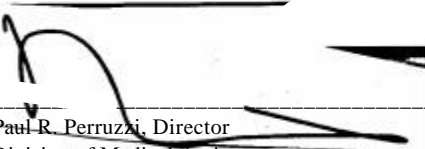
Checkwrite Schedule

May 8, 2001	June 12, 2001	July 10, 2001
May 15, 2001	June 19, 2001	July 17, 2001
May 22, 2001	June 28, 2001	July 26, 2001
May 31, 2001		

Electronic Cut-Off Schedule

May 4, 2001	June 8, 2001	July 6, 2001
May 11, 2001	June 15, 2001	July 13, 2001
May 18, 2001	June 22, 2001	July 20, 2001
May 25, 2001		

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.



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